

CHRISTMAS AT MYRTLE BEACH



Join us **Friday-Sunday November 9-11, 2012** as we travel to Myrtle Beach South Carolina. **DAY 1** after checking into our ocean view rooms we will attend The South's Grandest Christmas Show at the Alabama Theatre. This year's Christmas extravaganza brings an incredible combination of talent, scenery and special effects to the Grand Strand to produce a spectacular new holiday musical experience sure to put you in the season's spirit. **DAY 2** you can stay in or go shopping at Tanger Outlets. This evening we will attend The Carolina Opry Christmas Special! The show brings the spirit of Christmas to life with music, comedy and dance. The theatre is transformed into a winter wonderland where the magic of the season comes alive. **DAY 3** you will have another opportunity to do some Christmas shopping before heading home.

Price Per Person: \$299 Double; \$294 Triple; \$289 Quad; \$359 Single. Seats on the bus are assigned in order that payment is received.

Price Includes: Roundtrip motorcoach transportation, 2 nights lodging (ocean view rooms), ticket to Christmas shows at Alabama Theatre and Carolina Opry, transportation to Tanger Outlets and a tour host.

Date: Friday-Sunday, November 9-11, 2012

Departure: The bus will depart 8:20am from the Rocky Mount Walmart.

Cancellation Policy: The trip is based on a minimum amount of paid participants by October 9, 2012. If we should cancel the trip a full refund will be given. If you cancel prior to October 9 a refund less \$50 ticket penalty will be issued. After October 9, 2012 there will be no refunds.

RESERVATIONS: Send the completed registration form below along with a check made payable to **Roanoke Tours, Inc.** to Franklin County Parks & Recreation at 2150 Sontag Road Rocky Mount, VA 24151.

For further information call Ernie Dale at 540-366-2888 or erniedale@aol.com

Franklin County Parks and Recreation Registration
and Liability Waiver Form – 2012 Christmas @ Myrtle Beach Trip

Name _____ Age _____
_____ Age _____
_____ Age _____
_____ Age _____

Mailing Address _____

City _____ Zip _____

Email Address _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Number of Reservations: _____ x _____ = \$ _____ (amount enclosed)

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person/or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity is to take place. I agree to follow and comply with all such rules, regulations, instructions, and/or requirements.

I understand that it is important that I be in good physical condition when I agree in the activity, and understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and any transportation related thereto. I further understand that there may be risk of injury in traveling to and from the area where the activity will take place.

I also expressly waive and covenant not to sue on any claim I might have against the County of Franklin, or any officer or employee of the County, or any volunteer, or the estate or representatives of such persons for any personal injury or loss that I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract, or otherwise: except that this waiver shall not apply to any claim I might have against the County (or its agents) for any such personal injury or loss I might sustain arising out of gross or wanton negligence of any such person or entity. **I also give permission to be photographed and used in any form of publication to promote Franklin County Parks and Recreation.**

Signature of Parent / Guardian _____
(if participant is under 18 years of age)

I have the following physical impairments or medical conditions, including allergic reactions:

Current medications that participant is taking now:

Name of Emergency Contact: _____

Emergency Contact Phone Number: _____